

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

David Lopez
David Lopez Attorney at Law
2806 Fredericksburg Rd., Suite 118
San Antonio, TX 78201
2:22-cv-00059-AM-VRG DOC[11]



9590 9402 7042 1225 9343 19

2 Article Number (Transfer from service label)

7021 1970 0001 7402 1015

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X
 Agent
 Addressee

B. Received by (Printed Name)

C. Date of Delivery

D. Is delivery address different from item? Yes
If YES, enter delivery address below: No**FILED 12/6/2022**

CLERK, U.S. DISTRICT COURT
WESTERN DISTRICT OF TEXAS
 BY

I. Service Type

<input type="checkbox"/> Adult Signature	<input checked="" type="checkbox"/> Priority Mail Express®
<input type="checkbox"/> Adult Signature Restricted Delivery	<input type="checkbox"/> Registered Mail™
<input type="checkbox"/> Certified Mail®	<input type="checkbox"/> Registered Mail Restricted Delivery
<input type="checkbox"/> Certified Mail Restricted Delivery	<input type="checkbox"/> Signature Confirmation™
<input type="checkbox"/> Collect on Delivery	<input type="checkbox"/> Signature Confirmation Restricted Delivery
<input type="checkbox"/> Collect on Delivery Restricted Delivery	
<input type="checkbox"/> Insured Mail	
<input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)	

PS Form 3811, July 2020 PSN 7530-02-000-9053

Domestic Return Receipt